## 2 1 2015 and this form

## PART B - FEE(S) TRANSMITTAL



complete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifications					. ,		
		, <b>,</b>		Fee(s) Transmittal. The	is certificate	cannot be used to	or domestic mailings of the for any other accompanying ent or formal drawing, must
002543 759	90 12/23/2004			have its own certificat	e of mailing o	r transmission.	ant of formal drawing, must
ALIX YALE & R 750 MAIN STREET SUITE 1400 HARTFORD, CT 0	Γ	BIZUNE2 00000052 10616	591	I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	his Fee(s) Tra with sufficien il Stop ISSUI PTO (703) 746	ailing or Trans nsmittal is being t postage for fir E FEE address 5-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.
	01 FC:1501 02 FC:1504		400.00 300.00	P L. James	Ristas		(Depositor's name)
	VE 1011304		300.00	Ham	3 Y	<del></del>	(Signature)
				March 18,	2005		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/616,591	Thomas	Thomas J. Divito			1/149/US	3644	
TITLE OF INVENTION: CY	LINDER LOCK WITH PE	OGRAMMABLE KEYWAY					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	IBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1	1700	03/23/2005
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	]		
WALSH, JOHN B		2151		070-493000	70-493000		
1. Change of correspondence CFR 1.363).  Change of corresponde Address form PTO/SB/12:  "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.	Correspondence (1) the n or agents (2) the nor registers of a Customer 2 register.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND I	RESIDENCE DATA TO B	E PRINTED ON THE PATEN	IT (print o	r type)	-		·
PLEASE NOTE: Unless a recordation as set forth in 3	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee data will ap of this form is NOT a substitute	pear on the	he patent. If an assign g an assignment.	nee is identifi	ed below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Kaba High S	Security Locks	Corporation	S	Southington,	CT		
Please check the appropriate a	assignee category or catego	ries (will not be printed on the	patent) :	Individual 🕍 C	orporation or	other private gro	oup entity Government
4a. The following fee(s) are en		b. Payment of Fee(s):					
Issue Fee Publication Fee (No sm		A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of (	The Dir	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to					
5. Change in Entity Status (1	from status indicated above	Deposit Ac	count Nu	nber <u>16-2563</u>	(en	close an extra c	opy of this form).
_	IALL ENTITY status. See		icant is no	longer claiming SMA	LL ENTITY s	status. See 37 Cl	FR 1.27(g)(2).
The Director of the USPTO is NOTE: The Issue Fee and Pul interest as shown by the record	olication ree (II required) v	e Fee and Publication Fee (if a vill not be accepted from anyor nt and Trademark Office.	iny) or to ne other th	re-apply any previousl an the applicant; a reg	y paid issue for istered attorne	ee to the applica by or agent; or th	tion identified above. e assignee or other party in
Authorized Signature		Date March 18, 2005					
Typed or printed name	S	Registration No. 28,663					
this form and/or suggestions f Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14	for reducing this burden, sh ia 22313-1450. DO NOT \$	11. The information is required 122 and 37 CFR 1.14. This condition is required to the Chief Information of the Chief Information of the Complete Send Fees or Complete are required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information is required to respond to a condition in the Complete Information in the Complete	mation O D FORM	fficer, U.S. Patent and S TO THIS ADDRESS	Trademark O S. SEND TO:	office, U.S. Department of the office of the	ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,